

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037302

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

314

Primary Registration District No.

3061

Registrar's No.

389

FILED OCT 1 1963

1. PLACE OF DEATH

a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Flat River**

Length of stay in 1b

39 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **St. Francois**

c. CITY

OR TOWN **Flat River**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Joseph Franklin Lawson

4. DATE OF DEATH

Month

Day

Year

Sept. 22, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

3/11/1874

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months **8** Days **11**

IF UNDER 24 HR

Hours **1** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner

10b. KIND OF BUSINESS OR INDUSTRY

Lead

11. BIRTHPLACE (City and state or country)

Washington Co. Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sterling Lawson

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mandy Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

3

17. INFORMANT

Address

Mrs. Bessie Woods Leadwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-Sclerosis (very advanced)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Aug 6 1963** to **Sept 22-63** and last saw him alive on **Sept 21 1963**
Death occurred at **7:42 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Zupan D.O.

22b. ADDRESS

Flat River, Mo.

22c. DATE SIGNED

9/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/25/1963

23c. NAME OF CEMETERY OR CREMATORY

Adams Cemetery

23d. LOCATION (City, town, or county)

Frankclay, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Murphy L. Sparks Flat River, Mo

25. DATE RECD. BY LOCAL REG.

Sept. 24, 1963

26. REGISTRAR'S SIGNATURE

Cather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0942

2 0942

3

4 0

5 2

6

7 0

8 0

9 332X

10

11

12 90-2

13 1-0

STATE OF TEXAS

ALCOHOLIC BEVERAGE

BEVERAGE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Murphy L. Sparks

Licensed Embalmer No.

4236

P. O. Address

L. A. Sparks, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

80/03/0